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# THE AMERICAN PSYCHOLOGIST

VOLUME 4



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February, 1949

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# THE AMERICAN PSYCHOLOGIST

The Professional Journal of the American Psychological Association, Inc.

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Dael Wolfe, *Editor*

Helen Wolfe, *Managing Editor*

THE AMERICAN PSYCHOLOGIST is published monthly by the American Psychological Association, Inc., at Mount Royal and Guilford Avenues, Baltimore 2, Maryland. Subscription: \$7.00, single copy \$.75. Communications on business matters should be addressed to Publishers, The American Psychologist, Mount Royal and Guilford Avenues, Baltimore 2, Maryland, or the American Psychological Association, Inc., 1515 Massachusetts Ave., N.W., Washington 5, D. C. Address communications on editorial matters to 1515 Massachusetts Ave., N.W., Washington 5, D. C.

Entered as second-class matter January 9th, 1946 at the Post Office at Baltimore, Md., under the Act of March 3rd, 1879. Acceptance for mailing at special rate of postage provided for in section 538, Act of February 25, 1925, authorized August 6, 1947.

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# SERVICE AND TRAINING IN A CLINICAL PSYCHOLOGY UNIT IN A VETERANS ADMINISTRATION NEUROPSYCHIATRIC HOSPITAL

L. A. PENNINGTON AND OREON K. TIMM

*Veterans Administration Hospital, Danville, Illinois*

THIS report describes (1) the services rendered and the training situations encountered by the clinical psychologist trainee assigned to one neuropsychiatric hospital of the Veterans Administration, and (2) the organization of the unit as it affects service and training. At this hospital the trainees are organized into a separate Service Unit under the direction of the chief clinical psychologist. And while the duties of a trainee have been clearly set forth in official directives (2), the manner in which these functions have been incorporated into the local hospital situation will indicate the degree of freedom provided by these directives.

The main duties of the Unit (comprised presently of 17 trainees and one supervising staff clinical psychologist) are: (1) clinical interviewing, (2) diagnostic and prognostic testing, (3) counseling and psychotherapy, (4) instruction and (5) research. The psychologist's services are used in the following special areas of hospital activity: (1) Admission Service, (2) Medical Rehabilitation Laboratory, (3) Outpatient Clinic and (4) Applicant Examination. To illustrate the general nature of the facilities for training, a brief description of the trainee's duties in each area will follow.

## ADMISSIONS SERVICE

First, all interns are assigned, following a period of what is termed apprentice training in observation (see below) to routine duty on the Ward of Admissions. Here the intern, on a rotational basis, "takes" each new patient's clinical history and administers selected psychological tests. The nature and number of the tests used is a function of the individual's training and experience, and the patient's needs as adjudged by supervisors and the ward psychiatrist. In general, and in conformity with directives (2), the first-year trainee administers tests of intelligence, the Minnesota Multiphasic Personality Inventory and others as his training proceeds. If projective tests are requested by the

ward psychiatrist, this request is referred to are second- or third-year trainee. Difficult cases are referred to the staff psychologist or consultant. Thus while no hard-and-fast regimentation of duties is in effect, a division of labor operates based primarily upon training courses mastered and experience accumulated.

It is also the duty of the ward intern to score his tests, dictate the clinical history to the unit's stenographer, and evaluate the results of both in conjunction, when possible, with the detailed reports prepared by the Social Service Department. A report for presentation at "Ward Staff" is developed and concludes with a series of statements summarizing the intern's "impression"—a paragraph phrased in psychodynamic terms and terminated by a statement indicating the broad diagnostic category into which the patient's difficulty appears to the intern to fall. The latter is purely a training device in order to familiarize the trainee with problems of diagnosis. Such a requirement for those assigned to Admission Service is believed worthy of the effort required in order to accelerate the intern's adaptation to hospital needs as well as to the philosophy of problem-solving inherent in the psychodynamic study of the individual case (1). The trainee is frequently queried at Ward Staff on his opinions as to the case's prognosis, a query which requires him early to answer on the basis of knowledge gleaned from psychological literature and from the specific problem-solving situation the question of "what purpose diagnosis"?

A final task of the intern on Admission Service is to complete a "form" (actually a 4-by-5 inch card) summarizing pertinent history and psychological test data. This form is forwarded to the Unit's Divisional Office in the Department of Physical Medicine Rehabilitation.

The role of the supervising clinical psychologist, in addition to working with patients, is one of maintaining the Unit's routine and, through conference

in Psychology Staff or in private with each trainee, of analyzing the data collected in such a way as to permit the preparation of a sound and non-technical report.

#### MEDICAL REHABILITATION LABORATORY

The second function to which the Psychological Service Unit contributes is in the placement of each patient in rehabilitation activities during or after other treatment. This work is done in the Medical Rehabilitation Laboratory, an all-hospital function with its own medical supervisor and its own staff meetings. A major premise of the Laboratory is that the activity is engaged in for the patient's benefit rather than for the benefit of the particular shop or agency in which the patient is placed. In line with this premise, the primary objective of the

TABLE 1

*List of activities for which job descriptions have been prepared and to which patients are referred for resocialization*

Aptitude Laboratory	Messenger Service
Barber Shop	Paint Shop
Cabinet Shop	Printing and Bookbinding
Carpenter Shop	Shoe Shop
Construction	Special Services (Recreation, Athletics, Library)
Dietetic Service	Supply Workers (Warehouse, Central Stores, Subsistence)
Farm and Garden	Utility Service (Garage, Machine Shop, Boiler Plant, Gate Lodge)
Greenhouse	Ward Service
Industrial Sewing	
Janitor Service	
Lawn and Grounds	
Laundry	
Mail Room	

psychologists is so to evaluate the needs of each patient's personality that his resocialization is rapidly achieved. An initial step was the preparation of numerous job descriptions (see Table 1 for an illustrative listing) for all hospital activities to which patients are referred. A training program was also developed whereby supervisors and aides in outlying hospital activities, such as the print shop, became familiar with the rehabilitation program and its purposes.

Three trainees are assigned to the Laboratory at one time and rotate by semester inasmuch as at least a month's training is necessary before the intern can function effectively. By staggering the rotation of each man the psychological section of the Rehabilitation Laboratory is a continuously operating organization for training interns in applying clinical procedures for the patient's resocialization.

Trainees assigned to Medical Rehabilitation are usually second-year in status and therefore have had training on Admission Service. They are responsible for interviewing the patient, for rating his skills, his interests, his attitudes, his levels of socialization past and present, and for noting current personality assets and liabilities. They then present a report to the Chief of Physical Medicine Rehabilitation who collates all data and writes the prescription which assigns the patient to that activity best suited to his needs at the time. To illustrate, a patient with limited intellect who had developed a behavior disorder resulting from repeated failure to gain entrance into his father's profession was found to have had an early hobby of working with plants. At the same time, evidence indicated that he had rebelled almost continuously against the slightest show of authority. The patient was therefore assigned to moderately difficult gardening in a situation where the aide, fully aware of the man's difficulty in accepting authority, so structured the situation that the amount and kind of supervision kept pace with progress in psychotherapy sessions. Opportunity for personality reeducation was thereby provided. Weekly follow-up studies by interns, in this and all other instances of rehabilitation placement, assure a reasonable check upon the accuracy of the original prescription. Reassignment of the patient is always possible. In this connection, the intern may also serve as a counselor to the patient during this period of resocialization and endeavors to help him adjust to the situation specifically structured for him.

#### OUTPATIENT CLINIC

Another activity to which the trainee is assigned on a daily rotational basis is the hospital's Outpatient Clinic to which veterans come, among other reasons, for periodic "pension examinations." Inasmuch as many of these men appear with purely physical disabilities, the intern has an opportunity to work with normal and near-normal adults, and hence with personalities relatively free from psychotic and other deviate reaction patterns. It has become standard practice for the trainee under these conditions to administer intelligence tests as well as selected personality and projective tests (including the Rorschach). In the Outpatient Clinic each intern must promptly prepare a brief summarizing statement of his findings for almost immediate use by the examining physicians—an arrangement which supplies its own motivating force in training the

intern to write clear, concise reports. This assignment also allows the students-in-training to increase their familiarity with several short-form tests of general intelligence and currently has initiated the development of a research study pertaining to the use of these forms in relation to the hospital's population. Because this training is believed to have great value, each of the 17 trainees rotates alphabetically, regardless of his professional rating, on a daily basis, thereby working about two days per month with a more variable group of clients than is encountered on Admission Service.

#### APPLICANT TESTING

An additional activity to which the group has been assigned individually is that of Applicant Testing. Here each applicant for a position at the hospital is referred to the Unit for routine psychological examination. This interview currently includes the administration of the Full Scale Wechsler-Bellevue, the Rorschach, and the Minnesota Multiphasic Personality Inventory. From the point of view of training, the chief value of this program (and again a rotational procedure is used under which the intern functions for a month carrying on his other duties meanwhile) is similar to that just mentioned in connection with the Outpatient Service—the psychological study of other than those suffering from behavior disorders. Applicant testing also provides the intern with experience in interviewing and testing women. Thus far no plan has been developed whereby the trainee, in addition to his formal university training, obtains extensive work-day experience in examining children.

#### OTHER DUTIES

Certain of the functions warrant special mention. Training in *counseling and psychotherapy* is an important aspect of the program. Here the assignment of the patient to the intern is done directly by the neuropsychiatrist, who in conference with the staff psychologist and the trainee describes the case in dynamic terms, plans the approach, and briefs the psychologists before the counseling sessions start. The chief clinical psychologist, except for occasional conferences with the physician in charge, thereafter supervises the intern's handling of the patient from session to session. The psychiatrist, when requested by the two psychologists involved, re-examines the patient prior to release or transfer. Cases referred to the Psychological Unit for counsel-

ing are those frequently designated in the technical literature as mild psychoneurotics, those exhibiting conduct disorders, and those with educational and vocational problems. Counseling, however, is a training function engaged in only by the more advanced trainees and by those with university training and practicum experience in this specialty.

By virtue of the activities thus far described and because the clinical psychologist is a relatively recent addition to the hospital's staff, it is not surprising to find that the Unit is asked upon occasion to *instruct*, formally or informally, other hospital personnel on the nature of its work, what it does and does not do, and how its reports can be used by them. Thus, representatives of the Service Unit have discussed tests of psychological deficit as well as the use of projective tests before the Medical Staff; they have given a group of physicians a weekly discussion period dealing with the construction and use of the Wechsler-Bellevue Scale, of the Rorschach and TAT examinations, of short-form tests of general intelligence. They have discussed the duties of the psychologists in the Rehabilitation Laboratory with the aides and supervisors of various hospital activities and have instructed the nursing staff on pertinent queries received from their group. Much the same relationship has developed with those in the Social Service Department. In return, representatives of the units mentioned have by similar discussions taught the trainees the operations and specific problems of their respective jobs, thereby improving the intern's training, service, and relationships with other staff members. Thus the instructional aspect of the Unit, difficult to describe in detail, serves a useful function in fostering face-to-face relations and encouraging all those involved to learn more about the many-sided phases of their common problems.

Little has been said concerning the *research* function often emphasized as a major province of psychological endeavor. The importance of research in the behavior disorders cannot be challenged. Yet if research studies are to be initiated they must be instituted after a unit has been streamlined, so to speak, for the precise operation of routine functions. Further, if a research program is to become fully effective, a psychological laboratory with full-time research personnel is essential. Locally, then, the Psychological Unit has been organized, its mode of operation routinized, and its acceptance by other hospital units accomplished. It follows that the development of a psychological laboratory equipped

to study selected clinical problems in the provinces aforementioned is in progress.

#### THE PSYCHOLOGICAL UNIT: PRINCIPLES OF ORGANIZATION

Because any agency's organization tells much of its operating efficiency and because the adequacy of training and service functions are by-products of well integrated inter-agency relationships, the following descriptive statements are pertinent. First, the training and service aspects of the Unit are centralized under the direct supervision of the Chief Clinical Psychologist who, in turn, is responsible to the hospital's Chief of Professional Service. In practice the centralization of organization is illustrated by the fact that all requests for services of trainees are placed with the senior intern who is in effective charge of the Unit. He, in turn, assigns personnel or, if need be, discusses the request with the supervisor prior to taking any action. It is contended here that this centralization of function prevents competing or overlapping subdivisions of activity and the occasional personality clashes which interfere with morale. Centralization ensures group unity and, in this instance, was formulated as a principle of organization in the Unit's own staff meeting.

Second, in order to provide equality of opportunity for training, a rotational system has been initiated. Each intern, aware of the plan and the reasons for it, feels no coercion when his time comes for duty in the Outpatient Service, for example. And while the trainees may well develop preferences for particular assignments during the training period, each admits the value of using his growing clinical knowledge and skills for different purposes. The appointment of the senior intern is no exception to the rotation plan. He serves one semester as spokesman and coordinator for the trainees and cannot be reappointed. The senior intern also has certain duties additional to those of the group. These include the preparation and posting of rotational schedules for Outpatient Clinic, Applicant Testing, Rehabilitation Laboratory, and compiling monthly reports for forwarding through channels to the district's Branch Office. He must also schedule each counseling session as to hour and room—in other words maintain a smoothly functioning unit. Such training can be expected to aid him, when he later has a staff position, in organizing and operating an efficient psychological service unit in a hospital or a clinic.

Third, in line with the needs of the group, the interns have organized a weekly staff meeting at which policies are formulated after frank discussion, and technical problems pertaining to professional ethics and relationships, to diagnosis, prognosis, counseling, and research are studied and reported upon. These sessions, limited by the group to one hour in length, have been effective as study-discussion periods at which new tests and techniques are analyzed to be followed by practice periods that provide test results for further consideration by the group. As a matter of policy, we feel that the staff conferences should provide each trainee with an opportunity for participation instead of being supervisor-dominated. These sessions are successful as indicated by high attendance (attendance is purposefully not mandatory).

A fourth principle of organization rests upon the manner in which the new student is introduced to his first period of internship. In order to speed his adaptation to the service-training functions of the Unit a program of indoctrination has been instituted whereby confusion and "not knowing what I'm supposed to do" are at a minimum. Each new trainee (first-year in status) is given an extremely brief tour of those units (Personnel, Disbursing, Social Service are examples) with which he must early become acquainted. Thus on the first day of duty the new trainee is introduced to those with whom he will at once be associated and is then assigned immediately to a more experienced worker (Second or Third Year Trainee) for a period of training in Observation on Admission Service. Inasmuch as the advanced trainee has earlier been individually tutored he can assume the role of trainer until his "pupil" is ready to be observed at routine ward work by the Chief Clinical Psychologist. Eventually, as the training period in observation continues, the senior supervisor checks upon the readiness of the neophyte to proceed to independent ward duty. Experience indicates that this interval of apprenticed observation followed by a qualifying or proficiency examination in which the supervisor assumes the role of client reduces the pre-training time and prevents the commission of initial errors as well as demonstrating to the student that his job is laid out for him, that he was indeed expected on the date of his arrival. Thus a step-wise indoctrination procedure is used. No intern is assigned to units other than Admission Service for the first six months of his field work practicum.



As a final principle of operation, the Psychological Service Unit has, in a general way at least, resolved the question of supervisor-intern relationship by providing considerable freedom of action for the intern within the framework of the organization. Supervision is given and discussions are held, yet the trainee after his pre-training indoctrination proceeds to learn by doing. Under these working conditions, the intern learns to ask for help when he needs it and to accept critical analysis of randomly selected samples of his reports. Nonetheless he is trained to look upon each case as a unique problem to be solved (where psychometrics alone can never give the whole story), to feel free to express an opinion which is judged by him to be a well-founded conclusion based upon clinical impression and judgment. It is obviously the opinion of the writers that a degree of freedom for independent action, for learning by doing, is imperative in a training program; that learning is an active process and not one easily furthered by constant and minute supervision. In other words, if the presently described method of supervision errs, it does so in the direction of too little rather than too much, the latter being adjudged by us as the more pernicious in a training program.

The organization of the Psychological Service Unit described here illustrates a centralization of

function, a flexibility in supervision and formulation of policies; is step-wise in its methods of indoctrination and relies upon rotation to provide equal opportunity in training facilities; and has as its objective the provision for training in clinical problem-solving wherein judgment and clinical acumen play important roles.

#### SUMMARY

It has been the purpose of this report to describe the types of situations in which the clinical psychology trainee is locally receiving postgraduate practicum training and, second, to describe the Unit's organization which allows it to operate smoothly both as a training and a service agency in a Veterans Administration Neuropsychiatric Hospital.

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*Received August 30, 1948*

# A SURVEY OF EMPLOYMENT IN PSYCHOLOGY AND THE PLACE OF PERSONNEL WITHOUT THE PhD

JOHN D. BLACK

*University of Minnesota*

EFFORTS of psychologists to find solutions for a rapidly increasing number of important professional problems have often been impeded by a lack of ordinary census data: we have not known who is doing the psychological work, nor even what that work is and where it is being done. The present survey of APA members was undertaken in an effort to provide some basic data with which to enlighten our discussions of these problems and to guide our plans for the future.

## THE STUDY

A fifty per cent sample of the APA membership was drawn from the 1948 directory (9) by recording data in half the book—the first 168 of the 336 biographical pages, including the 2,477 members whose names began with the letters A through K. It was felt that this particular sample would be representative and would enable the other half to be studied later, if desired. Eliminating 440 names—members for whom no biography or current position was included, all foreign or retired psychologists, and anyone listed only as “student,” the survey provided 2,037 names for tabulation according to the type of work being performed, whether on a full or part-time basis, and the kind of academic degrees held. The data were classified according to 38 specific positions or fields of employment which were then grouped under four general headings: academic; clinical; vocational and educational guidance; and business, industry, government, and national defense. The complete statistics are recorded in Table 1.

In reading the table and the discussion which follows, it is essential to recognize that while the data are based on a representative sample of APA members, that membership itself is very probably a somewhat biased sample of all psychologists. Britt and Morgan (1) found, for example, that 31 per cent of a group of military psychologists they studied during the war were affiliated with neither the APA

nor the AAAP. It seems logical to assume that our data underestimate the number of psychologists in certain of the applied fields, particularly business and industry, where professional allegiance is often weak; and to some extent in vocational and educational guidance, where other professional organizations exist. The number of qualified psychologists practicing without the PhD degree is also probably greater than APA membership rolls indicate.

## RESULTS

Of many interesting facts revealed in Table 1, the following seem of greatest importance:

1. Psychology is now primarily an applied rather than an academic subject. Nearly 54 per cent of the present psychological employment is provided by non-academic positions, though college and university teaching appointments still offer the largest single source of employment for psychologists.

2. Clinical psychology, providing nearly one-fourth of all psychological work, is the largest field outside the academic. The field appears to have a “grass-roots” character, employment being divided among many different types of institutions and organizations, both public and private. Thus the combined units of the Veterans Administration provide little more than a fifth of the employment of clinical psychologists; state hospitals, prisons, courts, and boards employ almost an equal proportion, as do public and private hospitals and children’s clinics, considered jointly, and other clinics and social service agencies. The strength of private clinical practice is surprising: it accounts for nearly one-sixth of the clinical employment. Furthermore, growth of the clinical field, while rapid since the war, has actually been gradual over many years, according to the data of Bryan and Boring (2), compiled from the Office of Psychological Personnel. About 11 per cent of the psychologists in their study were employed in clinical positions in 1940.



TABLE 1  
Field of employment of members of the American Psychological Association

POSITIONS OR FIELDS	TOTAL EMPLOY- MENT PRO- VIDED BY EACH FIELD <sup>1</sup>	WORK IN EACH FIELD DONE BY HOLDERS OF EACH DEGREE <sup>2</sup>				DISTRIBUTION OF DEGREE HOLDERS BY POSITION							
		Ph.D. %	M.A. %	Other <sup>3</sup> %		PhD's				MA's			
						Full-time		Part-time		Full-time		Part-time	
						N	Per cent	N	Per cent	N	Per cent	N	Per cent
Professors.....	14.92	89.6	5.4	5.0	236	20.87	63	5.58	14	1.69	4	.48	
Associate professors.....	7.69	90.6	5.8	3.6	118	10.43	43	3.81	8	.97	2	.24	
Assistant professors.....	8.25	78.2	20.3	1.5	112	9.90	34	3.01	29	3.51	9	1.09	
Instructors.....	6.89	38.8	60.1	1.1	43	3.81	21	1.86	71	8.59	24	2.91	
Lecturers and associates.....	1.69	47.1	47.1	5.9	12	1.06	8	.71	9	1.09	14	1.69	
Graduate assistants.....	1.27		100.0								51	6.17	
Presidents, V.P.'s, academic deans.....	1.70	83.8	7.4	8.8	22	1.95	13	1.15	2	.24	1	.12	
University research workers.....	3.99	61.3	36.3	2.5	33	2.92	32	2.83	26	3.15	6	.73	
TOTAL ACADEMIC.....	46.44	73.5	23.1	3.4	576	50.92	214	18.92	159	19.25	111	13.44	
State hospitals, prisons, etc.....	2.59	23.1	76.9		10	.88	4	.35	39	4.72	2	.24	
Courts, state boards and commissions.....	2.07	22.9	74.7	2.4	9	.79	1	.09	30	3.63	2	.24	
Private, city, county hospitals.....	2.55	34.3	51.9	13.7	9	.79	17	1.51	20	2.42	13	1.57	
Children's clinics.....	1.59	31.3	62.5	6.3	5	.44	10	.88	17	2.06	6	.73	
Other clinics and social service agencies.....	4.52	37.6	59.7	2.8	24	2.13	20	1.77	51	6.17	6	.73	
Private practice, clinical.....	3.57	55.9	34.9	9.1	27	2.39	26	2.30	18	2.18	14	1.69	
VA hospitals.....	2.30	35.9	61.9	2.2	15	1.33	3	.27	28	3.39	1	.12	
VA mental hygiene clinics.....	1.25	56.0	44.0		13	1.15	2	.18	10	1.21	2	.24	
VA central and branch offices.....	1.02	65.9	29.3	4.9	12	1.06	3	.27	6	.73			
VA clinical trainees.....	.45		100.0								18	2.18	
U. S. Public Health Service.....	.50	55.0	45.0		5	.44	1	.09	4	.48	1	.12	
Psychoanalytic institutes.....	.22	44.4		55.6	2	.18							
E.E.G. specialists.....	.12	60.0		40.0	1	.09	1	.09					
Medical students.....	.55	36.4	63.6		4	.35			7	.85			
TOTAL CLINICAL.....	23.34	38.5	56.2	5.3	136	12.02	88	7.78	230	27.85	65	7.87	
School psychologists.....	7.35	29.9	62.6	7.5	38	3.37	12	1.06	85	10.29	14	1.69	
University student counselors.....	6.77	40.2	56.1	3.7	29	2.57	51	4.52	63	7.63	26	3.15	
VA guidance counselors.....	1.99	28.8	66.3	5.0	11	.97	1	.09	26	3.15	1	.12	
Deans of students.....	.59	83.3	16.7		6	.53	8	.71	1	.12	2	.24	
Univ. examiners and psychologists.....	.49	50.0	45.0	5.0	3	.27	4	.35	4	.48	1	.12	
U. S. and State Employment Services.....	.35	42.9	57.1		3	.27			4	.48			
TOTAL VOCATIONAL-EDUCATIONAL GUIDANCE.....	17.57	36.4	58.3	5.3	90	7.96	76	6.72	183	22.15	44	5.33	
Business personnel.....	3.95	44.3	55.7		28	2.48	14	1.24	42	5.08	4	.48	
Industrial psychology.....	1.57	66.7	33.3		18	1.59	6	.53	9	1.09	3	.36	
Business research and polling.....	1.05	69.1	26.2	4.8	13	1.15	3	.27	5	.61	1	.12	
Test publishers and exam. boards.....	.55	45.5	36.4	18.2	4	.35	2	.18	4	.48			
Columnists, editors, writers.....	.42	76.5	11.8	11.8	5	.44	3	.27	1	.12			
Civil Service examiners.....	.62	68.0	32.0		7	.62	3	.27	4	.48			
The Psychological Corporation.....	.59	70.8	25.0	4.2	7	.62	3	.27	3	.36			
Miscellaneous business and charitable.....	.75	46.7	46.7	6.7	6	.53	2	.18	7	.85			
U. S. Government agencies and dept.'s.....	.57	39.1	60.9		4	.35	1	.09	7	.85			
U. S. Army and War offices <sup>4</sup> .....	1.75	55.7	44.3		18	1.59	3	.27	15	1.82	1	.12	
U. S. Navy <sup>4</sup> .....	.79	50.0	50.0		8	.71			8	.97			
TOTAL BUSINESS, INDUSTRY, GENERAL GOVERNMENT AND DEFENSE.....	12.65	54.6	43.8	2.2	118	10.43	40	3.54	105	12.71	9	1.09	
GRAND TOTALS.....	100.00	56.4	39.6	4.0	920	81.34	211	18.66	677	81.96	149	18.04	

<sup>1</sup> Total and part-time columns assume that all part-time positions recorded require from 40 to 60 per cent time, for an average of half-time; no more than two positions were recorded for any individual.

<sup>2</sup> These three columns should be interpreted with the following sampling data in mind: Total N = 2037 (100%); PhD's = 1131 (55.52%); MA's = 826 (40.55%); Others = 80 (3.92%).

<sup>3</sup> Includes 36 EdD's; 36 MD's, 16 of whom also have PhD's; and a few others.

<sup>4</sup> About 10 of the 53 positions recorded under Army and Navy would more properly be included under clinical psychology.

By 1944, this figure had risen to 15 per cent, exclusive of the Army and Navy. Continued growth is guaranteed by the fact that 43 per cent of present graduate students are in the clinical sequence. The field appears well grounded and its present status secure.

3. Vocational and educational counseling and guidance constitute 17.6 per cent of the work of psychologists. School psychologists head this field and, indeed, are the largest single employment category outside the three professorial groups. Close behind are those employed in college and university student counseling bureaus. Together these two positions account for almost 15 per cent of all psychological work.

4. The final group, while somewhat less homogeneous than the others, is characterized by the application of psychological principles and methods to business, industry, public and military administration. Even eliminating some of the miscellaneous categories, like columnists, editors and writers, the group, of which business personnel work forms the core, still accounts for more than 10 per cent of the employment in psychology. Computations from the Bryan and Boring data (2) suggest that this field has grown from about 8 per cent in 1940 to the present 12.7 per cent of total psychological employment.

5. The majority of the applied work in psychology is performed by MA's, according to columns 2, 3, and 4 of the table, which show, for each of the 38 fields, what per cent of the work is performed by members holding each academic degree. Those holding PhD's, constituting 55 per cent of the total, do 55 per cent of the business and industrial work, 75 per cent of the academic, but only 39 per cent of the clinical and 36 per cent of the guidance work. Members holding the MA degree constitute 40 per cent of the sample yet occupy 58 per cent of the guidance positions, 56 per cent of the clinical, 44 per cent of the business, and 23 per cent of the academic. In certain of the specific categories these differentials are even more striking. Thus, MA's do 62 per cent of the psychological work in VA hospitals, exclusive of that done by trainees; 77 per cent of the work in state hospitals and prisons; 75 per cent of the practice with state courts and commissions; and so on. Psychologists with MA's appear clearly as an indispensable factor in the profession.

6. Finally, recipients of the PhD seem to prefer academic appointments, as shown by the data in

the last eight columns of Table 1. Less than 30 per cent have accepted fulltime positions in applied fields; fewer than 20 per cent divide their time between academic and applied jobs; and more than half of all PhD's spend their full time in teaching and other academic pursuits. In contrast, more than 65 per cent of MA's have fulltime applied jobs, 14 per cent divide their time, and only 20 per cent hold fulltime academic appointments. Comparisons of Column 1 with Column 6 reveal many interesting discrepancies. In clinical work, for example, there are 9 positions providing more than 1 per cent of the total psychological employment, yet only 5 of these attract 1 per cent of the PhD's. Assuming that in these days PhD's have their choice of positions, we are safe in concluding that they show a clearcut preference for academic pursuits.

#### MA'S: TECHNICIANS OR PSYCHOLOGISTS?

The post-war demand for applied psychologists, particularly in clinical work, has required that attention be lavished on training programs for the doctorate and has meant that students seeking only an MA are given short shrift in many departments, a temporary and perhaps excusable oversight in these hectic times. But these prosperous days, when departments which used to recruit doctoral candidates have had to bar their doors, have led many to believe that we can now quit training MA's—except for "cultural" purposes or as purely routine test givers; that persons with MA's cannot perform adequately on a professional level in applied psychology; or that with the number of PhD's being produced, there will no longer be a place for MA's.

Such reasoning led to the bold proposal of the APA Policy and Planning Board in 1947 that persons without the doctor's degree be barred from membership in the Association (11). This plan was not to be retroactive and thus would have "no effect on present Associates," an assertion which shows a lack of psychological insight. At the same time the Board recommended that "MA degrees awarded for lower level professional training of the psychologist should be discontinued." The former proposal, on submission to the membership, was soundly defeated, yet the report of the Board for 1948 (12) indicates that its basic conception of the MA degree has not changed:

... it is likely that some kinds of psychological work in clinics will always be performed by persons with less than doctoral training. Many clinical programs will require

psychological workers who serve as assistants or technicians under supervision of the clinical psychologist, [a term which] should be reserved for persons with a doctor's degree.

This attitude is difficult to accept in view of the data in Table 1 which show that a majority of the work in applied areas is being performed by persons without doctoral degrees. One cannot but wonder whether the Board has evidence that these persons are not performing adequately, or indeed, that PhD's could do the work any better. There seems ample proof to the contrary. Since in many places MA's are the sole representatives of the profession and virtually everywhere they are the most numerous, it is unlikely that the present demand for applied psychologists would have materialized had they not been performing well. Published evidence that the MA degree is adequate for many professional positions is found in a study by Darley and others (3) of psychologists in the state of Minnesota. They conclude:

It is obvious that the PhD in Minnesota is a teaching and research degree. The real work of applied psychology, however, is being done by BA's (N = 14) and MA's (N = 43).

Shartle's (7) pioneering descriptions of 28 positions in psychology found the PhD a definite requirement for only three: Director of Psychology, State Agency; Research Psychologist, General; and Consulting Psychologist. Horrock's (6) survey of state certification laws for school psychologists revealed that, of the seven states certifying, only one listed the PhD as a requirement and then only for certification at a supervisory level. Hamlin and Habbe (5) found that only 2 of 12 state psychological societies limit membership to holders of the doctor's degree, although 5 require it for voting privileges.

The rebuttal that MA's are successful so long as they function under the aegis of a PhD is not convincing. The last eight columns in Table 1 (p. 39) show that in a great many of the applied categories there are not enough PhD's employed to supervise any significant number of MA's. Thus on state courts, boards, and commissions, most of which employ only a single psychologist, there are 32 MA's and only 10 PhD's; at state hospitals and prisons there are only 14 PhD's to 41 MA's; in VA hospitals there are 29 MA's and 18 trainees (presumably MA's also) to only 18 PhD's. These ratios mean that most of the MA's are more than

mere assistants or technicians who cannot perform without an ever-present PhD; they are professional psychologists in the fullest sense of the term.

Two attitudes hamper proper evaluation of the place of MA's in our profession. First is the subtle, unfounded tendency to think of them as aborted PhD's, who but for lack of ability or opportunity would have earned the higher degree. The present study suggests the presence of pronounced differences in interest, most PhD's preferring lecturing, writing, and research, the MA's showing a more direct "social service drive," an interest in applied work with people. Current needs are greatest for psychologists with the latter interest pattern. The other fallacy lies in the habit of thinking of our professional field in delimited terms: We are now training a PhD for each MA we trained before; why not then make all psychologists take PhD's? This argument would be sound only if demand were static. Yet the ratio of PhD's to MA's that existed in the past has not exhausted the demand; there is no reason to think it will do so in the future. Wolfe (8) calculates that, *assuming an annual rate of growth no greater than that between 1920 and 1947*, the 1960 APA membership will be 16,000. If we stop giving MA's, we must turn out 1000 PhD's a year to meet this prediction, yet the rate upon which it was computed is almost certainly exceeded already. Wrenn (10), after a very careful survey, estimates a maximum rate of 4200 to 5000 PhD's awarded annually in *all* fields by 1950. It is absurd to expect that 20 per cent of these will be in psychology.

Present training programs for the MA degree in professional psychology are, of course, in need of revision. Unfortunately, the present attitude of many in the profession that the degree is of no value does not encourage efforts to improve its curricula. Yet data in the present survey reveal that, neglected as they may have been, recipients of this degree are doing the major share of psychological practice. Surely efforts directed toward improving the quality of their training would pay large dividends to the profession. A tentative suggestion would be that, for those with adequate undergraduate backgrounds, the degree be extended to provide two years of training, at least six months of which would be devoted to fulltime, supervised practice in one or more applied fields. Strengthening the MA in this fashion represents to some extent a compromise with the more radical suggestion of a distinctly applied doctorate, such as that proposed by the

Harvard Commission (4), yet guarantees that psychology will provide the personnel required for applied work.

#### CONCLUSIONS

Data have been presented on the field of employment in psychology based on a 50 per cent sample of APA membership. These data emphasize: 1. the transformation of psychology from an academic discipline into a service profession; and 2. the quantity of the applied work being performed by persons without PhD's. The halcyon days when psychology was an intimate, comfortable profession—unhurried, untroubled by its relationships to society, devoted to purely theoretical discussions; when its research findings never produced any impact on the behavior of the men and women who were, remotely, its subject matter—those days are clearly past. This does not mean, as many seem to fear, that psychology as a science is dead: the pace of research—basic and applied—must and will be stepped up. It does mean, however, that as a profession we must substitute extraversion for introversion and, like medicine, law, agriculture, and education, orient ourselves toward the public, whose demands may be difficult, inconvenient, even unreasonable, but are always interesting, challenging, and inexorable. Current needs for professional psychological personnel cannot be met by training PhD's alone, however much we might wish it; it behooves us, then, to equip MA's with the best possible training for applied service.

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Received August 30, 1948



# AVAILABLE INTERNSHIPS IN PSYCHOLOGY

1949-1950

HELEN WOLFLE

*American Psychological Association*

**S**TUDENTS interested in obtaining internships or externships for the coming year should apply now to the institutions of their choice. Some of the institutions offering internships to psychology majors have vacancies open at the present time and others will have vacancies later.

The data for the 59 institutions in the following table were compiled from questionnaires returned to the APA office this year by the cooperating institutions, and from two other sources: (1) a similar table in the *American Psychologist* for March, 1948; and (2), a compilation for the National Committee for Mental Hygiene under the title "The training of clinical psychologists: internships and externships."<sup>1</sup>

The 20 columns in the tables can be divided into five groups as follows:

*Name of institution, address, and person to whom to address applications:* These facts are necessary for applicants who wish to apply. We have used the most general name under which the institution is known, and have omitted names of departments, such as *The Psychiatric Clinics*. The degree of the appointing officer has been given when it was known.

*Supervisor of interns, type of cases, and number of psychiatrists, psychologists, social workers, and psychological interns:* These facts give a picture of the training situation for the student intern. It is necessarily an approximate one. The abbreviated descriptions of the types of cases may not be adequate. Psychiatrists were frequently said to be working "part time," so that it was hard to judge how many "part-time" appointments made a "full-time" one, as requested for the table.

*The amount of the stipend and whether or not maintenance is provided:* The stipend varies from none to \$2640 a year, and maintenance from none (0) to full maintenance (+). The dollar sign in the maintenance column means that maintenance can be provided for a charge which is usually about \$350 a year.

<sup>1</sup> Available from the National Committee for Mental Hygiene, 1790 Broadway, New York 19, New York, for fifty cents.

*Starting dates, duration, and the possibility of university credit and support:* The duration of the appointment is given in months. Many institutions have university connections which make it possible to obtain other courses for credit at the university or at the intern-training institution. Sometimes scholarships are available from these universities.

*Age, sex, education, and experience requirements:* The age requirements are various; some institutions set a lower limit and some an upper. In general, either sex may apply. About half the institutions require the MA, the rest the BA. Many of the institutions connected with universities require the applicant to be a graduate student (GrS) rather than to have a certain degree. Almost none requires experience.

The internship training program in New York State is on a state-wide basis which cannot adequately be described in the table. For the Syracuse Unit of this program, apply to Mrs. Barbara Whit-tredge MacCasland, who is also Supervisor of Interns, Marcy State Hospital, Marcy, New York. For the Hudson Valley Unit, apply to Miss Ruth P. Montgomery, who is also Supervisor of Interns, care of Psychiatric Institute, 722 West 168 Street, New York 32, New York. The 14 cooperating institutions have all types of cases. There are approximately 150 psychiatrists connected with them, approximately 30 psychologists, 130 social workers, and 21 internships and externships for psychologists.

The program in New Jersey is also arranged on a state-wide basis, with Dr. Lloyd N. Yepsen supervising the interns who are assigned to various types of state institutions.

Internships available under the VA program are not listed in this table, as they require the candidate to be accepted as a graduate student majoring in clinical psychology. The universities of this program were listed in the January, 1949 issue of the *American Psychologist* in the Table of Graduate Assistantships and Fellowships, 1949-1950.

## AVAILABLE INTERNSHIPS

NAME OF INSTITUTION	ADDRESS OF INSTITUTION	ADDRESS APPLICATIONS TO
1. Allentown State Hospital	Allentown, Pa.	H. F. Hoffman, MD
2. Alton State Hospital	Alton, Ill.	Abraham Simon, MD
3. Bellevue Psychiatric Hospital	New York 16, N.Y.	David Wechsler, PhD
4. Boston State Hospital <sup>1</sup>	Dorchester Center 24, Mass.	John Arsenian, PhD
5. Bureau of Juvenile Research	Columbus 4, Ohio	M. Newburger, PhD
6. Butler Hospital	Providence, R.I.	G. R. Pascal, MA
7. Central Islip State Hospital <sup>1</sup>	Central Islip, Long Island, N.Y.	David Corcoran, MD
8. Chicago State Hospital	Chicago 34, Ill.	J. S. Drabanski, MD
9. Child Center, Catholic Univ.	Washington, D.C.	Supv, Psych. Interns
10. Children's Village	Dobbs Ferry, N.Y.	Howard P. Kelsey, AM
11. Cincinnati General Hospital	Cincinnati 29, Ohio	Virginia T. Graham, PhD
12. Cleveland State Hospital	Cleveland, Ohio	Blake Crider, PhD
13. Connecticut State Hospital	Middletown, Conn.	Edgar C. Yerbury, MD
14. Columbus State Hospital	1960 W. Broad St., Columbus 15, Ohio	J. F. Bateman, MD
15. Delaware State Hospital	Farnhurst, Delaware	M. A. Tarumianz, MD
16. Des Moines Child Guid. Ctr	400 Garver Bldg., Des Moines 9, Iowa	A. H. Frankle
17. Dixon State Hospital <sup>1</sup>	Dixon, Ill.	W. G. Murray, MD
18. Elgin State Hospital	Elgin, Ill.	Phyllis Wittman, PhD
19. Fairfield State Hospital <sup>1</sup>	Box W, Newtown, Conn.	Superintendent
20. Gailor Psychiatric Hospital <sup>1</sup>	42 N. Dunlap, Memphis 7, Tenn.	Hudson Jost, PhD
21. Grasslands Hospital	Valhalla, N.Y.	Director
22. Guidance Center of Buffalo <sup>1</sup>	88 Goodell St., Buffalo 3, N.Y.	Elsa Miller, MA
23. Guidance Center	1737 Prytania St., New Orleans 13, La.	Hazel Lee Long, MA
24. Illinois Children's Hosp-School	2551 N. Clark St., Chicago 14, Ill.	Ann E. Heilman, MA
25. Illinois Neuropsychiatric Inst.	912 S. Wood St., Chicago 12, Ill.	David Shakow, PhD
26. Institute for Juvenile Research	907 S. Wolcott Ave., Chicago 12, Ill.	Frances C. Perce, MA
27. Institute of the Penn. Hospital	111 N. 49th St., Philadelphia 39, Pa.	Edward M. Westburgh, MD
28. Judge Baker Guidance Center <sup>1</sup>	38 Beacon St., Boston 8, Mass.	Bessie Sperry, MA
29. Kings County Hospital	606 Winthrop St., Brooklyn 3, N.Y.	Solomon Machover, PhD
30. Lapeer St. Home & Trng. School	Lapeer, Michigan	A. T. Rehn

## Abbreviations

All—All types of psychological and psychiatric cases

Ep—Epileptic cases

M. Def.—Mental deficiency

M.H.—Mental hygiene

N-P—Neuro-psychiatric

P—Psychotic, psychiatric

P-N—Psychoneurotic

Pr. C—Problem children

\* \* \*

SUPER

1. El

2. S.

3. D.

4. J.

5. R.

6. G.

7. L.

8. L.

9. Sup

10. H.

11. V.

12. B.

13. J.

14. C.

15. J.

16. A.

17. A.

18. P.

19. Sup

20. H.

21. Sr.

22. E.

23. H.

24. A.

25. D.

26. F.

27. E.

28. B.

29. S.

30. C.

a-a

E-e

GrS

Ind-

m-i

y-y

1 Da

2 Fu

3 Th



## IN PSYCHOLOGY

SUPERVISOR OF INTERNS	TYPE OF CASE	NO. OF PSYCHIATRISTS	NO. OF PSYCHOLOGISTS	NO. OF SOCIAL WORKERS	NO. OF INTERNSHIPS	STIPEND	MAINTENANCE	APPOINTMENT BEGINS	APPOINTMENT IN MONTHS	POSSIBILITY OF EXTENSION	POSSIBILITY OF CREDIT	SCHOLARSHIPS AVAILABLE	AGE RANGE	SEX	DEGREE REQUIRED	EXPERIENCE REQUIRED
1. Eloise Bryan	P	9	1	3	1	None	+	Indefinite	Ind.	+	0	0	None	E	BA	No
2. S. R. Rappaport	P; P-N	3	2	4	3	82m	+	Indefinite	6-12	+	+	0	None	E	MA	No
3. D. Wechsler	All	64	18	5	8	1860y	0	Feb.; Sept.	12	+	0	0	21-35	E	MA	6m
4. J. Arsenian	All	?	?	?	4	None	+	Sept. 1	12	?	?	?	21-40	E	BA	No
5. R. M. Patterson	Pr.C.	1	12	3	3	187m	0	Indefinite	Ind.	+	+	0	None	E	MA	MA+
6. G. R. Pascal	P	10	4	1	2	None	+	Indefinite	12	+	0	0	20-40	E	MA	No
7. L. Gold	All	?	?	?	3	None	+	Indefinite	12	?	0	?	21-30	E	BA+	6m
8. L. A. Wauck	P; N-P	14	5	5	6	87-145m	\$	Indefinite	3-6	+	+	0	21-35	E	BA	No
9. Supv.	Pr.C.; P-N	1	1	4	?	None <sup>a</sup>	0	Oct. 1	11	+	+	+	None	E	MA	No
10. H. P. Kelsey	Pr.C.	1	1	8	?	None	+	Indefinite	12	+	0	0	None	E	BA	No
11. V. T. Graham	All	?	?	?	1	2000y	0	Aug. 1	Ind.	+	+	?	None	E	MA	12m
12. B. Crider	P	8	1	3	?	100m	+	Indefinite	6-12	+	?	?	20-30	?	BA	No
13. J. D. Holzberg	All	13	4	3	3	1380y	\$	Sept. 1	12	+	+	0	None	E	MA	No
14. C. R. Martin	P	11	1	5	1	1500-2000y	+	Indefinite	12	+	+	+	23-40	M	?	?
15. J. Jastak	All	12	5	5	3	50-100m	+	Indefinite	12	+	0	0	None	E	MA	No
16. A. H. Frankle	Pr.C.	0	3	1	2	150m	0	Indefinite	12	+	0	0	21-45	E	MA	No
17. A. P. Johnson	M.Def.	?	?	?	2	135m	\$	Jan.; June	12	?	0	0	22-35	E	BA	No
18. P. Wittman	P	15	3	7	?	82-130m	\$	Quarterly	6-24	+	+	0	20-50	E	BA	No
19. Supv.	P	?	?	?	4	None	+	Indefinite	6-12	?	+	?	21-35	E	BA	No
20. H. Jost	All	?	?	?	Var	None	?	Var	6-12	?	+	?	None	E	?	Var.
21. Sr. Psychologist	P	3	2	2	?	40m	+	Indefinite	12	+	0	?	22-35	F	BA	No
22. E. Miller	All	?	?	?	?	None	?	Indefinite	Ind.	?	+	?	None	E	BA	No
23. H. L. Long	Pr.C.	3	1	4	1	2000y	0	Sept.	12	+	0	0	23-40	E	MA	No
24. A. E. Heilman	Pr.C.	0	1	2	?	100m	0	Aug. 1	6	+	+	+	22-35	M	BA+	6m
25. D. Shakow	N-P	9	3	2	5-6	660y	+	July 1; Sept. 1	12	+	+	0	20-30	E	GrS	GrS
26. F. C. Perce	Pr.C.	14	8	17	4	100m	0	Mar.; Aug.	6	+	0	0	None	E	BA+	No
27. E. M. Westburgh	All	25	5	0	2	2000-2400y	0	June; Sept.	12	+	+	?	22-35	E	MA+	?
28. B. Sperry	Pr.C.	?	?	?	4	None	0	Sept. 1	Ind.	+	+	?	?	E	MA	GrS
29. S. Machover	All	34	16	14	5	2110y	0	Feb.; Sept.	12	+	+	0	22-35	E	MA	No <sup>a</sup>
30. C. G. Mitchell	M.Def.	2	3	8	?	195-220m	0	Indefinite	12	+	+	0	20-30	E	BA+	No

a—about, approximately

E—either

GrS—graduate student (must be PhD candidate)

Ind—indefinite

m—month

y—year

var—various

?—not stated

\$—maintenance deducted from salary

0—no, negative

+—yes, positive

<sup>1</sup> Data from the National Committee for Mental Hygiene.<sup>2</sup> Full scholarship is available with internship in lieu of salary and maintenance.<sup>3</sup> Three-year New York residence required.

AVAILABLE INTERNSHIPS—*Continued*

NAME OF INSTITUTION	ADDRESS OF INSTITUTION	ADDRESS APPLICATIONS TO
31. Lincoln State Sch. & Colony	861 S. State St., Lincoln, Ill.	William W. Fox, MD
32. Lynchburg State Colony	Lynchburg, Va.	John N. Buck
33. Mansfield St. Trg. Sch. & Hosp.	Mansfield Depot, Conn.	Superintendent
34. Manteno State Hospital	Manteno, Ill.	Alfred Paul Bay
35. McLean Hospital	Waverley 79, Mass.	Frederick Wyatt, PhD
36. Menninger Foundation	Topeka, Kansas	Robert C. Challman, PhD
37. Mental Hyg. Society of Md.	601 W. Lombard St., Baltimore 1, Md.	L. Kathryn Dice, PhD
38. Meyer Memorial Hospital <sup>1</sup>	462 Grider St., Buffalo 15, N.Y.	Louise Kraft Myers, MA
39. Michael Reese Hospital	Chicago 16, Ill.	S. J. Beck, PhD
40. Milwaukee County Guid. Clinic	515 Public Safety Bldg., Milwaukee, Wis.	Gilbert J. Rich, PhD
41. Neurological Institute	168 St. & Ft. Washington Ave., NYC	Louise R. Hewson, AM
42. Neuropsychiatric Inst.	U. of Mich., Ann Arbor, Mich.	Chmn, Dept. Psych, U of Mich.
43. New Hampshire St. Hospital	105 Pleasant St., Concord, N.H.	Superintendent
44. N.J. Dept. Insti. & Agencies	Trenton, N.J.	L. N. Yepsen, PhD
45. N.Y. Psych. Intern Trng Program	Various	See text
46. Norwich State Hospital	Drawer 508, Norwich, Conn.	Hermann O. Schmidt, PhD
47. Psychopathic Hospital	State Univ. of Iowa, Iowa City, Iowa	W. R. Miller, MD
48. Southbury Training School	Southbury, Conn.	E. N. Roselle
49. Stanford University Hospital	Clay & Webster Sts., San Francisco 15	Chmn, Dept. Psych, Stanford
50. Taunton State Hospital	Taunton, Mass.	W. Everett Glass, MD
51. Training School at Vineland	Vineland, N.J.	Walter Jacob, MD
52. Univ. of Calif. Med. Sch.	Langley-Porter Clinic, San Francisco	Robert E. Harris, PhD
53. Univ. of Chicago Clinics	950 E. 59th St., Chicago 37, Ill.	Anna S. Elonen, PhD
54. Univ. of Minnesota Hospitals	U. of Minn., Minneapolis, Minn.	Starke R. Hathaway, PhD
55. Washington Univ., Sch. Med.	St. Louis, Mo.	Robert I. Watson, PhD
56. Wayne County Training School	Northville, Mich.	Robert H. Haskell, MD
57. Wichita Guidance Center	3422 E. Douglas Ave., Wichita 8, Kans.	Joseph E. Brewer, PhD
58. Worcester State Hospital	Worcester 1, Mass.	Eliot H. Rodnick, PhD
59. Youth Guidance Center	Worcester 5, Mass.	Mary T. Wilson, MA

*Abbreviations*

All—All types of psychological and psychiatric cases  
 Ep—Epileptic cases  
 M. Def.—Mental deficiency  
 M. H.—Mental hygiene

N-P—Neuro-psychiatric  
 P—Psychotic, psychiatric  
 P-N—Psychoneurotic  
 Pr. C—Problem children

<sup>1</sup> Data from the National Committee for Mental Hygiene.

\* \* \*

AVAILABLE INTERNSHIPS—*Concluded*

SUPERVISOR OF INTERNS	TYPE OF CASE	NO. OF PSYCHIATRISTS	NO. OF PSYCHOLOGISTS	NO. OF SOCIAL WORKERS	NO. OF INTERNSHIPS	STIPEND	MAINTENANCE	APPOINTMENT BEGINS	APPOINTMENT IN MONTHS	POSSIBILITY OF EXTENSION	POSSIBILITY OF CREDIT	SCHOLARSHIPS AVAILABLE	AGE RANGE	SEX	DEGREE REQUIRED	EXPERIENCE REQUIRED
31. W. H. Guertin	M.Def.	3	5	3	4	87-100m	\$	Indefinite	3-12	++	0	20-35	E	BA	No	
32. J. N. Buck	All	4	3	1	1	1284y	+	July 1	12	++	0	21-40	E	MA	No	
33. L. C. Gothberg	M.Def.; Ep.	3	2	4	1	1200y	+	Sept.	12	++	0	21-41	E	MA	No	
34. M. Murphy	P	16	5	8	?	65-145m	\$	Indefinite	3-12	++	0	18 on	E	No	No	
35. F. Wyatt	?	?	?	?	?	0-1200y	+	?	?	?	?	21-40	E	BA	?	
36. W. Kass	P; P-N	28	16	12	1	100-150m	0	Indefinite	12	++	0	20-30	E	BA	No	
37. L. K. Dice	All	2	1	4	1	2000y	0	Sept. 1	12	0	0	22-35	E	MA	No	
38. L. K. Myers	All	?	?	?	3	None	?	Sept.	6	++	?	None	E	BA+	No	
39. S. J. Beck	All	14	4	4	2	600y	0	Sept.	12	++	0	None	E	MA	No	
40. M. Williams	P-N; M.H.	2	3	5	1	125m	0	Indefinite	12	0	0	None	E	BA+	No	
41. L. Hewson	N-P; Pr.C.	74	3	9	?	75m	0	Indefinite	12	0	0	21-35	E	MA+	No	
42. M. L. Hutt	P; N-P	?	?	?	10	?	?	Sept.	Ind.	++	?	None	E	GrS	GrS	
43. Supv.	P;P-N;M.H.	10	2	3	?	25m	+	Sept.	11	+	0	20-45	E	BA	No	
44. L. N. Yepsen	All	?	16	?	?	a 100m	0	Indefinite	12	++	?	Ind.	E	MA	No	
45. See text	All					1794y	\$		12			21-35	E	MA	No	
46. O. Schmidt	P;P-N;Pr.C.	21	10	4	9	1860y	\$	Indefinite	12	++	0	None	E	MA	No	
47. J. R. Knott	All	10	2	7	2	1200y	0	Indefinite	12	0	+	22-30	E	MA	GrS	
48. M. Cotzin	M.Def.; Ep.	0	3	3	?	1200-1920y	\$	Indefinite	12	++	0	20-30	E	BA	No	
49. K. Bradway	N-P	4+	1+	1+	1	1200y	0	Sept.; Oct.	12	0	++	22-40	E	BA	GrS	
50. T. Callichy	P	14	1	4	1	None	+	July 1	12	+	0	21-30	F	BA	No	
51. Dir. of Resch.	M.Def.	0	4	0	4	300-600y	+	Sept.; Feb.	12	++	0	21-40	E	MA	No	
52. R. E. Harris	P	45	5	8	?	1200y	0	Indefinite	12	++	0	20-30	E	BA+	GrS	
53. A. S. Elonen	All	16	5	1	?	600y	0	Indefinite	12	0	+	None	E	MA	No	
54. W. Schofield	All	8	4	4	4	960y	0	July; Sept. 1	9	++	+	None	E	BA	GrS	
55. R. I. Watson	P; N-P	?	5	?	4	Var.	0	Sept.	12	++	?	20-27	E	MA	GrS	
56. T. G. Hegge	M.Def.	1	5	9	?	None	+	Indefinite	12	++	0	22-30	E	BA	Var	
57. E. Brewer	All	1/2	4	1	2	1800y	0	Sept.	12	+	?	21-45	E	MA	No	
58. E. H. Rodnick	P; P-N	17	6	5	6	2000-2400y	+	July; Sept.	12	+	0	20-40	E	MA	No	
59. M. T. Wilson	Pr.C.	3	3	4	2	None	+	Sept. 1	12	0	+	21-45	E	MA	No	

a—about, approximately

E—either

GrS—graduate student (must be PhD candidate)

Ind—indefinite

m—month

y—year

var—various

?—not stated

\$—maintenance deducted from salary

0—no, negative

+—yes, positive

# TEACHING EXPERIMENTAL PSYCHOLOGY TO CLINICAL STUDENTS

ABRAHAM S. LUCHINS

*Yeshiva University*

**T**HAT a course in experimental psychology is regarded as essential in the academic background of a clinician is testified to both by the curricula of universities engaged in training clinicians and the recent report on training of clinical psychologists by a committee of the American Psychological Association (22). Such a course, it is reasoned, may give the student some understanding of basic problems and concepts of psychology upon which his profession rests, may interest him in research, ground him in research methodology, and help to create a clinician with an experimental attitude. These purported functions are not only of disciplinary but also of direct utilitarian value since often the research activity of the clinical installation is carried on primarily by psychologists.

Do the experimental psychology courses, as now constituted, actually prepare the clinician for his research function? We were led to wonder if they did when we observed that many clinical interns seemed quite oblivious to the research problems abounding in a mental hygiene clinic, in spite of their having taken or being in the process of taking experimental psychology at a university. Questioning of these and other interns—in all, 63 male students registered for the doctorate in clinical psychology, in eight universities—revealed that they were unanimous in regarding the experimental psychology courses as having little or no present or potential value to them. They criticized them for dealing with narrow and artificial segments of behavior, apparently unrelated to the problems and the people they meet in the clinic and in the market place. Some maintained that the courses stressed the repetition of routine experiments and the manipulation of apparatus, rather than the learning of techniques of research.

In order to meet these and similar objections, we organized an experimental psychology course revolving around problems of clinical psychology and of the social scene. This course has been taught at

Yeshiva University to undergraduate senior students. It seems to us that the basic principles, type of content, and organization of this course lend themselves to adaptation on the graduate level.

## PRINCIPLES AND ORGANIZATION OF OUR EXPERIMENTAL PSYCHOLOGY COURSE

The year course, divided into two semesters of about 15 weeks each, has as its basic units various integrated projects. Each project begins with a problem arising directly out of or intimately connected with clinical psychology. From the initial issue the student has to select a specific topic to study experimentally. He is not handed on a platter a ready-made topic and a corresponding experimental design, but is confronted with a problem-solving situation, the solution of which is the formulation of a thesis for research and the application of appropriate experimental techniques. The student not only has the opportunity to become acquainted with standard experimental procedures, through lectures and readings, but must learn to modify these procedures to fit his specific problem, or even to create other more suitable research techniques. Whenever feasible, students are urged to build required apparatus in the workroom connected with the laboratory and to employ as subjects in their experiments children and adults, normal and abnormal individuals, as well as animals.

In every project, individual students or small groups of students design, conduct, and write reports of different, although related, experiments, instead of all students simultaneously conducting the same experiment, as is usually the case in conventional courses. Some of the proposed setups are discussed in class and often modified as a result of these discussions. Results and interpretations of these results also are the subject of class discussions. Thus, students are participating in a cooperative attack on various aspects of a broad issue, thereby gaining experience in working together

on a research project—training usually lacking in the conventional courses.

Lecture periods deal with experimental and theoretical issues related to each project. When appropriate, we introduce illustrations from philosophy, economics, history, literature, sociology, anthropology, physics, biology, and chemistry, aiming at an integration of various fields of study and at the development in the students of a generalized experimental attitude.

#### EXAMPLES OF PROJECTS

We have taught this course twice, each time utilizing some of the projects referred to below and others. We deliberately varied the projects or the emphasis of a project in the different classes, and intend to continue to do so, in the belief that this procedure has a two-fold advantage: Firstly, students are not as likely to pass on to the next class their notes and experiments; secondly, the instructor is discouraged from becoming stereotyped in his teaching.

#### PROJECT I

To study some basic issues of social perception, perception in general and sensation by beginning with the nature of impressions of personality.

1. Students discuss illustrations from their own experiences of how one forms an impression of another's personality. Lecturer stresses importance to clinicians of knowing what bases they utilize in forming impressions of a patient's personality. Students are requested to obtain descriptions of an individual's personality written by two people who differ in their relationship to him, e.g., his brother and his teacher. They are to bring into class these sketches and their analyses of them.

2. During the laboratory session, pairs of students analyze each other's sketches and then compare their evaluative procedures and their analyses. They are then asked to apply certain standard evaluative procedures to their sketches.

3. Various studies of impressions and expressions of personality (1, 2, 16, 20) are discussed. Factors influencing the impressions, as revealed by these studies, are compared with factors which students believe were operating in the sketches they obtained. They are then assigned the task of designing an experiment to show the influence on the formation of impressions of personality of one or several of these factors: structural features of the

judged personality, needs or mental sets of the observer, relationship between observer and observed, social atmosphere in which the impression occurs. Their reports are required to deal with the history of their specific problem, its relation to the broader problems discussed, descriptions of the experimental setup, expectations of results, obtained findings, and interpretations of results.

4. The lecturer relates the topic of forming impressions of personality to the topic of social perception. Some experimental studies of the latter are briefly described and reading references given (3, 8, 9, 11, 18). Also, the field of social perception is related to such aspects of social psychology as propaganda, suggestion, and prestige-effect, and to certain phenomena studied in abnormal psychology, e.g., delusions and hallucinations. Also dealt with are such matters as the role played in social perception by the stimulus-object, attitudes, needs and social field conditions.

5. From the field of social perception the class is led to discuss the relative strength of objective and subjective factors in perception in general. In this manner some basic problems of perception are introduced, e.g., the nature of a percept, the distinction between proximal and distant stimulus, the role of organization in perception (5, Sec. 5-17; 21, Chap. 25).

Students are required to design and execute experiments aimed at showing the role played in perception by (1) structural features of the stimulus field, or (2) personal and social factors. Students work in pairs, one taking the former and the other the latter problem. After they have conducted their experiments, one member of the pair tries to modify the other's experiment to show, for example, that it was not past experience but structural features that caused the results, while the other member tries to prove the opposite concerning his partner's experiment.

6. Meanwhile, the instructor attempts to trace the dichotomy of structural versus external factors in the various explanations of the constancies and of depth perception. Similarly, the other sense modalities are discussed. In this fashion many of the traditional topics of perception and sensation are covered, but each topic arises from and is repeatedly related to everyday experiences of the students. Throughout, emphasis is placed on the explanations of the various phenomena given by association theory, on the one hand, and by field



theory on the other.<sup>1</sup> Fundamental assumptions concerning the nature of reality and epistemology which underlie these two approaches are formulated and examined.

#### PROJECT II

To sensitize the students to research problems abounding in currently employed clinical tools.

1. The lecturer initiates a discussion of the Rorschach test and some of its underlying concepts and assumptions (4). The problem is raised of studying the influence of attitudinal and social factors on Rorschach responses (14). Students are asked to design (but not conduct) group and individual experiments studying the comparative influence of various factors, e.g., fear, competition, mental set, on Rorschach responses.

2. In the next session we deal with the phenomenon of color shock, as found in the Rorschach examination, and relate it to the study of bodily changes in emotions and feelings. Various instruments employed to measure such bodily changes (21, Chaps. 12-15) are used by the students in the laboratory session. The question is raised whether the phenomenon of color shock is due to color *per se* or perhaps is a resultant of the content of the design, its structure, the mode of presentation of the cards, the nature of the subject's or experimenter's attitude, and the atmosphere of the test period. Discussions are held of methods of studying these factors (15), and each student is required to devise and conduct an experiment to study the effect of any of these factors, e.g., by substituting achromatic photographs of the colored plates, in place of the latter, in the Rorschach test, or changing the mode of presentation of the plates to increase or decrease color shock.

3. Finally, a lecture is given on general problems of the affective value of color on emotions and feelings, with particular reference to the concept of isomorphism (6).

<sup>1</sup>In order to sharpen issues and bring controversial highlights into sharper focus, we have found it stimulating to adopt and develop two extreme theoretical viewpoints. As illustrated herein, they are those of field theory and of association theory, but we do not intend to imply that they are the only or best choice. Indeed, we have adopted other extreme viewpoints in teaching the course (personalistic versus behavioristic psychology) and intend to vary our choice from time to time.

#### OTHER PROJECTS

In a third project, experiments are conducted to determine whether the digit symbol subtest of the Wechsler-Bellevue actually tests associative learning (4, 19). The question then is raised whether the kind of material employed in the subtest and the kind of learning which takes place therein are the prototypes of all learning situations. Descriptions of actual learning situations are submitted by students and analyzed in class. Standard techniques of studying learning are introduced to see what light they shed on the described learning situations. This leads to a discussion of some basic theoretical issues in the field of learning, with the stress again on comparison of associationistic with field theoretical views.

A fourth project studies aspects of rigidity of behavior (7, 10, 13), beginning with illustrations of behavior of mentally ill and highly prejudiced individuals. A fifth project deals with group dynamics, beginning with a study of an actual group psychotherapy session (12, 17).

As his final project, each student has to formulate a problem, design and conduct a corresponding experiment. The reports are graded according to the originality and creativity displayed in selecting the problem and experimental design, and according to the ability shown in interpreting the findings and connecting them with the various topics discussed in the course and other courses.

#### CONCLUDING REMARKS

It is not intended that the described projects be regarded as proposals for the basic units of an undergraduate or a graduate course; it is our hope that they will serve to stimulate interest in the development of new, more productive methods of teaching experimental psychology both to the future clinician and to other psychology students.

Admittedly a course organized around this project method covers less material than a standard experimental psychology course and is not so systematic in its presentation. However, what it loses in scope of factual material and in systematization, it seems to gain in stimulating the students to do research and to grapple with the task of devising experiments. Students have become quite facile in seeing research possibilities in the daily activities of the college, in the college clinic, and in outside



activities. Many have displayed deep interest not only in the particular problems studied but also in the related basic concepts of experimental-theoretical psychology. In brief, it seems to us that the course has been well received and has succeeded to some degree in achieving its objectives.

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Received July 6, 1948

## Comment

### Reply to Likert

To the Editor:

Dr. Likert's letter about the election polls in the December issue repeats the criticisms which have been most commonly made by other psychologists and polling students. These criticisms are: first, the inadequacy of the sampling; and second, the inadequacy of the methods used. May I call attention to a very obvious oversight in such criticisms. We have here a very simple and definite problem in validation, the actual election results being the criterion. However, we cannot apply this criterion against polls taken two weeks or more before the date of the election.

The last Gallup poll was made from ten days to two weeks before election day and the last Crossley poll from two to three weeks before the election. The last Fortune poll was made by Roper three months before the election. In other words, these polls were not made during what is now conceded to have been the most critical days of the election campaign, when the slight trend toward Truman already shown by the polls may have been turning into something of a landslide.

In any case, no analysis of the sample or of the method can now possibly prove that the Gallup poll was wrong as of the time the poll was taken; or that the Crossley poll was wrong as of the time it was taken; or even that Roper's poll was wrong as of the time it was taken.

It is as simple as this: Not even the most perfect sampling methods can measure a trend if the poll using the sample is not being made. The most obvious failure of the recent election polls is that they were not made during a time when they should have been made.

HENRY C. LINK

*The Psychological Corporation*

### How to Prepare Citations

To the Editor:

Since the American Psychological Association is preparing a new set of regulations on presentation of articles for publication in psychological journals I would like to make a suggestion.

It has been required that references in the bibliography be numbered and citations in the text made by number. This saves space but is poor psychology. If the citations in the text will give the name of the author and year it will perform the same service and cultivate a historical knowledge of the development of evidence and thought on the writer's subject and thereby on psychology in general, factors most important, desirable and indispensable for the development of any science.

EDWARD J. KEMPF  
*Wading River*

### Graduate Work in Psychology at Columbia University

To the Editor:

Since the war, many graduate departments of psychology have found it necessary to re-examine their objectives and to re-line their sights. One reason is the greatly increased student body; another is the exceptionally heavy demand for training in the applied and clinical aspects of psychology. The Department of Psychology here has had to formulate its plans, of course, within the present organizational framework of Columbia University. Our graduate school consists of three faculties—Political Science, Philosophy, and Pure Science. In each of these, advanced work is offered leading to the non-professional degrees of AM and PhD. Specialized training is provided for in one or more of the professional schools of the University: Law, Medicine, Architecture, Business, etc. While there is inevitably some overlap, the distinction between graduate and professional work is fairly well maintained. Courses in economic theory, for instance, are taught in the graduate Faculty of Political Science, while courses in finance, business law, and accountancy are taught in the School of Business. Physiology, chemistry, and bacteriology are taught as sciences in the Faculty of Pure Science while applications are made in the Schools of Medicine and Dentistry. In the same way the graduate Department of Psychology offers advanced work under the Faculty of Pure Science: professional applications of psychology are made in various places—School of Business, Teachers College, and the Psychiatric Institute.

At the end of the war the Department of Psychology felt itself obligated to undertake the clinical training program set up by the Veterans Administration. We participated in the VA program, however, with considerable reluctance because of our experience ten or more years ago when a somewhat similar training plan was not approved by the University authorities. At that time the Committee on Instruction of the Graduate Faculties ruled that the PhD degree should not be awarded for the successful completion of a professional and vocational program.

In the fall of 1948 the VA program was shifted to the Department of Guidance in Teachers College. There were several reasons for this. First, the Guidance Department at Teachers College had already undertaken the VA program so that the two parts of the program were now brought together. Secondly, Teachers College was well equipped to carry on the program because—as a professional school—it could grant degree credit for apprenticeship (intern training) and for practical training courses in test administration,

interviewing, guidance, and the like. Thirdly, even if the VA program had been feasible for this Department, it would have been impossible under present crowded conditions to find additional physical space to provide for adequate training facilities. The fourth, and perhaps the strongest reason, was the fact that members of the Psychology Department were unanimously opposed to programs which purport to train students for a specific field of psychology—whether it be social, experimental, or clinical. The Department takes the position that science is an organized body of knowledge held together by general laws and principles; that psychology is a science; and that the psychologist first of all should be trained as a *scientist*. We believe that any program designed to train psychologists should be based upon sound knowledge of the natural sciences and have as its core experimental psychology, psychometrics, physiological, abnormal, and theory courses in the major topics. With this background the student should be ready to undertake specialized training in this or that field. If he wishes to go into business, into social work, or into professional education it is, of course, his own concern. Competence within these fields is still largely a matter of acquiring experience under expert guidance.

As it has done heretofore, the Department is offering training in the applied aspects of psychology as part of the education of every well-equipped psychologist. We have, for example, provided for a course in the projective techniques as we feel that every psychologist should be at least familiar with such procedures, no matter what his major interests are. Training in the Rorschach test is, however, strictly limited to those who have a sound basis in laboratory and statistical work. It seems to us unwise that training is being provided in the Rorschach, often in undergraduate courses, for students with little or no training in psychology or in scientific method. Such "psychologists" inevitably reflect discredit upon the subject.

HENRY E. GARRETT  
Columbia University

#### A Physician Employs a Clinical Psychologist

To the Editor:

The writer, a third-year graduate student, has recently been working on a part-time basis for a physician, who is located not in a large city but in a community of 12,000 persons. Some of the experiences in this new relationship seem worth relating.

The matter of ethics, as far as the medical field is concerned, was one of the first problems to present itself. The doctor wrote to the state medical association while the plan was still in the formative stage. Their reply, in effect, was: "We have never had such a question come up, but we will look into the matter and inform you." Their final statement was: "Such a working relationship is satisfactory provided the physician

employs the psychologist and is responsible for him." Therefore, the present financial arrangements consist of the psychologist being paid by the doctor.

The first patients to be referred to the psychologist were selected from the physician's current cases. It happened that most of them were conversion reactions. When they were told that a consultation was being arranged with a psychologist, their reactions were varied. Some were openly resentful ("Do you think I'm crazy?"). The majority were bewildered ("I don't see how it can help me, but if you say so I'll try it.") A few, with surface anxiety, were pleased by the opportunity to see a "specialist" without having to go to the "big city." This lack of knowledge of the profession is typical, and influences all one's dealings with the patients in a small community. They are not like the metropolitan sophisticate who boasts of "my analysis."

On the other hand, the patients show no secretiveness in their appointments. The consulting room is so arranged that they can come in one door from the reception room and leave by another door if they wish. The writer felt in the beginning that small-town patients might not want to be seen consulting for emotional problems. This idea was soon dispelled. Almost invariably they ask to leave by way of the reception room. They use the excuse that they want to talk a moment to the receptionist whom they all know quite well. Even though the receptionist is an exceptionally friendly girl who has an invaluable sympathy for symptoms, one quickly senses that part of the reason is an intense curiosity to see who among their neighbors has "worries."

The writer's training had previously been limited to a clinic situation. He found it necessary, in private practice, to adopt many new policies. Patients come to a clinic with a mental set which is accepting of an "all-out" approach to their problems, an approach which is often expensive. Such an expectancy is less frequently seen in private practice. This became evident on the psychologist's first day. A mother brought her eight-year-old son who proved to be essentially a withdrawal problem. Thinking of the thorough approach to the issue which would be made in a clinic and suddenly longing for a competent social worker, the writer said to her, "For a complete understanding of the whole problem I really should see you too, at least once or twice." She hesitated at this and during the following week complained to the physician that she was being "rushed into something." It was therefore necessary to see only the boy and rely on occasional brief talks with the mother.

It is of vital importance anywhere, but particularly in a small town, to recognize the financial limitations of one's patients. Word-of-mouth advertising operates strongly and confidence is gained in the psychologist when people feel that he is sincerely trying to keep the

cost of treatment down. Furthermore (as the physician pointed out) they expect, and must be given insofar as possible, something tangible to take away from each session. This has serious disadvantages where testing is concerned. A Rorschach or a TAT is not warmly received unless a job of selling is done beforehand. Otherwise the period seems to have no bearing on the problem and, as one woman said, "I can't fritter away my money on such nonsense as ink blots. Just do something for my nervousness." One finds it advisable at times, with mild cases, to proceed without testing. Consequently, the first few sessions often give one a feeling of fumbling. There is sometimes a longing for the haven of the clinic and the team, where one has the comforting knowledge that several heads are better than one and where therapy need not begin until an adequate groundwork is laid.

But there are advantages in the small community. The physician, when he can spare the time, is able to give the psychologist superb life histories. He knows his people forward and backward. He may not see them through clinic eyes but he has a picture of them in their total life space, which is frequently more useful. Above all, he is aware of all the subtleties of community feeling. For example, the writer was anxious to get a couch for his office, not for general use but for the occasional patient for whom it seemed particularly suitable. The advice of the physician was: "Wait a few months until these people know you better. They're still a little suspicious and if they get to referring to you flippantly as 'that couch doctor' it'll set psychology back a good many years in this town." It took only a few weeks for the writer to be convinced that the doctor was right.

It seemed inconceivable that a town so small could support a psychologist. There is no final proof yet that it can. But the indications are that the writer will soon be able to increase the time weekly which he spends there. All his referrals to date have been from the one physician. There are twelve doctors in the town and some have already inquired about referring some of their patients.

A word of caution seems advisable. A working relationship such as this has its dangers. Obviously the physician must be completely accepting of the psychological and psychiatric approach. Especially in a

small town he is not apt to be unless he is comparatively young and has received his training in an atmosphere geared to modern medical practice. He should have enough understanding and patience so that he does not expect the psychologist to perform "twenty-four hour cures." He should not attempt to govern the psychologist in endless minor ways. He should be able to leave a patient alone except for strictly medical consultation once the psychologist has taken over. The physician's personality as well as his training, therefore, should be taken into consideration.

The psychologist should also evaluate himself beforehand. He should be willing, on the basis of less practical experience than the physician, to accept general advice regarding patients. He should also refrain from superimposing his ideas on the physician's general practice. For example, general practitioners, when they become aware of a patient's emotional problem, may have neither the time nor the training for anything but suggestion or advice, often of a very direct nature. It is sometimes difficult for the psychologist to deal with patients who have received such advice, and it is difficult to restrain oneself from pointing out the "error" of the physician's ways.

When these conditions are satisfactorily worked out, however, the feeling of cooperation is an intensely satisfying one. The interchange of thought has proven extremely valuable and interesting to the writer, and he feels that he has profited tremendously.

The writer is well aware that in discussing the limitations in testing and therapy in this situation, he falls easy prey to the charge of superficiality. Yet the medical field offers a parallel. In a sense, a general medical practitioner is superficial as compared with a modern medical specialist. Nevertheless he fulfills an indispensable place in contemporary society, as noted above. Must not clinical psychology too, as it leaves the academic atmosphere, surrender, however reluctantly, some of its ideal and specialized techniques? Surely this can be done without sacrificing integrity. It can be done with the gratifying knowledge that one is helping, even in limited fashion, a portion of humanity that might otherwise, in these times, not be reached.

HUBERT CLAY

*Western Reserve University*



Harris & Ewing

CARROLL L. SHARTLE

*Professor of Psychology, The Ohio State University*

**Treasurer of the American Psychological Association**

**Member of the American Board of Examiners in Professional Psychology**



## *Across the Secretary's Desk*

### REPORT TO THE BOARD OF DIRECTORS

No single topic would deal as adequately with the varied material crossing the Secretary's Desk in December and January as does this letter on many topics which I recently sent to the Board of Directors. Even though some of the items are still tentative, they concern the whole APA, so here is my most recent report to the Board:

#### COLORADO CONFERENCE ON GRADUATE EDUCATION IN CLINICAL PSYCHOLOGY

As you know, the United States Public Health Service has generously volunteered funds to the APA with which to conduct a training conference for the directors of clinical training programs in universities offering the PhD in clinical psychology. The Committee on Training in Clinical Psychology and the Board of Directors have unanimously approved the idea of holding such a conference. Those department chairmen who have answered my letter of inquiry have also been unanimous in approval.

On that basis, the Committee on Training in Clinical Psychology met in Chicago on January 8 and 9. Meeting with the committee were Karl Heiser, Carlyle Jacobsen, as a member of the National Advisory Mental Health Council; John Eberhart from the United States Public Health Service; and myself. After considerable discussion of the best way of planning such a conference, we agreed on a meeting lasting from the afternoon of Wednesday, August 17 through the afternoon of Friday, September 2. The conference will be held at the YMCA Conference Grounds at Estes Park, Colorado.

We agreed to appoint a committee of five persons to plan the details of the conference. Two serving as representatives of the Committee on Training in Clinical Psychology are Lowell Kelly, chairman, and Ann Magaret. Two more are to be elected from among themselves by the people who are actively responsible for clinical training in the universities. The fifth member will be a department chairman who is not a clinical psychologist. He will represent the Committee of University Department Chairmen.

Attendance at the conference will be limited to one representative of each university listed in the

1948 report of the Committee on Training in Clinical Psychology, plus a few others, to be chosen by the committee, who will come from internship training centers, psychiatry, psychiatric social work, or who, for some other reason, are wanted by the committee to serve as active participants in the conference. All participants will have their expenses paid; none will receive a salary.

On the basis of these plans I have prepared and submitted to the United States Public Health Service a budget totaling \$31,100. Since the National Advisory Mental Health Council has already set aside money for this conference, I think that we may be certain that the requested budget will be granted.

In the past few years the universities have been trying out a variety of teaching methods and devices. The conference will provide the clinical directors with an opportunity to learn in detail what has been going on elsewhere and to compare and criticize different teaching methods.

#### FUNDS FOR COMMITTEE ON TRAINING IN CLINICAL PSYCHOLOGY

At last September's meeting I forgot to bring up the question of 1949-1950 funds for this committee. The deadline for requesting USPHS funds was January 15. At the recent meeting of this committee I talked over the question with Jacobsen, Eberhart, and members of the committee. Later I discussed it by telephone with Hilgard. He and I agreed that I should submit a request for a 1949-1950 grant of \$10,000. I will not be able to report on USPHS action on this grant until after the National Advisory Mental Health Council meets in May.

#### LECTURE COURSE FOR OFFICERS OF THE ARMY, NAVY, AND AIR FORCE

All of you approved accepting the request from the Army, Navy, and Air Force that the APA conduct a series of lectures on psychology. Six of the nine of you who answered this question recommended that I take responsibility for planning and managing the series. On that basis I have gone ahead and have conferred with psychologists in all three military services and with some of the speakers who took part in the similar course that we gave for the Navy last year.



The services are now in the process of transferring money to the Office of Naval Research, so that we will have a single contract for about \$2700 with ONR. It is probable that the contract will not be formally signed for several weeks. As soon, however, as it is definite that the contract will go through, I will begin to write to the speakers, and will send you a schedule of the speakers and subjects as soon as it is completed.

#### JOINT MEETINGS AT DENVER WITH OTHER ORGANIZATIONS

Most of you approved the idea of allowing related associations to meet jointly with divisions of the APA. On that basis I have informed the two which requested such permission that, as far as the APA is concerned, they may arrange joint meetings, and have sent similar information to the relevant divisions.

#### SUBSCRIPTIONS TO THE PSYCHOLOGICAL ABSTRACTS FOR MEMBERS OF THE AMERICAN PSYCHIATRIC ASSOCIATION

You and the members of the Committee on Publications approved the idea of arranging with the American Psychiatric Association to let all or part of their members subscribe to the *Psychological Abstracts* and, if necessary, to make some modifications in the present coverage of the *Abstracts* to make them more useful to psychiatrists. On that basis I have met with the Finance Committee of the American Psychiatric Association and have discussed details with its medical director, Dr. Daniel Blain. He is reviewing their budget problems with the Executive Committee, but no definite arrangements have as yet been made.

#### MEMBERSHIP IN THE WORLD FEDERATION FOR MENTAL HEALTH

All but one of you approved having the APA request charter membership in this new organization. I have therefore submitted our application for membership.

#### REQUEST FOR FOUNDATION FUNDS FOR POLICY AND PLANNING BOARD

At the September meeting of the Council, I was instructed to seek foundation funds to carry the cost of a summer meeting of the Policy and Planning Board. The Carnegie Corporation has made the APA a grant of \$3,000 for that purpose.

#### REQUEST FOR FOUNDATION FUNDS FOR COMMITTEE ON ETHICAL STANDARDS FOR PSYCHOLOGY

At the September meeting of the Council, I was instructed to seek foundation funds to help carry the expenses of this committee's project on writing a handbook of ethical practices. A request for funds was acted on by the Rockefeller Foundation early in February. They made a grant of \$8,100 to us for this purpose.

#### CERTIFICATION AND LICENSURE FOR PSYCHOLOGISTS

Attempts to introduce into the state legislatures bills certifying or licensing psychologists are being made in several states. Since so many questions arise concerning these bills, the American Board of Examiners in Professional Psychology has suggested that an *ad hoc* committee be established consisting of one representative of each of the most actively interested psychological organizations, and that this committee be given authority to speak for psychologists. The Board of Examiners proposes that the committee consist of one representative of each of the following groups: The American Board of Examiners in Professional Psychology, the Board of Directors of the APA, the Conference of State Psychological Associations, the Division of Clinical and Abnormal Psychology, the Division of Industrial and Business Psychology, and the Division of Counseling and Guidance Psychologists.

President Hilgard has approved the establishment of this committee. I am, therefore, writing to the other groups informing them of the situation, asking if they approve the appointment of the *ad hoc* committee, and asking them, if they do so approve, to select a representative to serve on it.

Obviously the ability of this committee to represent all psychologists will be limited. There are sharp disagreements among different psychologists on the desirability of certification and licensing bills, and equally sharp disagreements on their most desirable characteristics if such bills are to be introduced. It is, therefore, impossible for any small committee to say with confidence that it represents the wishes of all psychologists. Nevertheless, the committee should have formal indorsement if its judgments are to carry weight. Do you wish, on the part of the APA, to give it authority to make such recommendations as seem, in its judgment, to be best as specific situations demand them?

You have probably all seen the article in the

December *Woman's Home Companion* by Morris Fishbein. In it, and in a later letter to me, he suggested that a group representing the interested scientific and professional organizations should meet together to attempt to reach agreement on the kind of legislation which we can all support. In a recent talk with Dr. Fishbein he repeated that suggestion, saying that he thought the American Psychological Association should take the initiative in calling together a meeting of representatives of itself, the American Medical Association, the American Psychiatric Association, the National Vocational Guidance Association, and other interested professional organizations. I talked this possibility over with members of the Committee on Training in Clinical Psychology at its January 8-9 meeting. There was fairly general agreement that the calling of such a conference would be wise, that it should be done soon, and that one of its primary purposes would be to prevent hasty introduction of bills which are either detrimental to the interests of the public or psychology, or are too weak to be effective.

If such a conference is to be called, it might be well to include in it representatives of some other associations which stand in approximately the same relation to counseling and industrial psychologists as the AMA stands in relation to clinical psychologists. Representatives of the American Management Association and the National Education Association are examples.

Do you believe that we can safely get by the current legislative season without such a committee, and that we can, therefore, postpone until the March meeting discussion of the possibility of calling this conference? Or, are you in favor of calling it as soon as possible? What organizations should be represented in it? What arrangements should be made for its expenses? What specific suggestions do you have for the guidance of the APA representative if this conference is arranged?

#### 1948 CIRCULATION OF APA JOURNALS

Circulation figures for December, 1948 for each of the journals published by the American Psycho-

logical Association are given below. For the sake of comparison, figures are also given for December, 1947.

	1947	1948
American Psychologist . . . . .	6,130	7,770
(Applied Psychology Monographs) . . . . .	1,528	0
Journal of Abnormal and Social Psychology . . . . .	3,420	4,430
Journal of Applied Psychology . . . . .	3,090	3,890
Journal of Comparative and Physiological Psychology . . . . .	1,750	1,690
Journal of Consulting Psychology . . . . .	2,420	3,190
Journal of Experimental Psychology . . . . .	2,125	2,070
Psychological Abstracts . . . . .	7,100	8,520
Psychological Bulletin . . . . .	5,815	6,910
Psychological Monographs: General and Applied . . . . .	1,680	2,530
Psychological Review . . . . .	3,290	3,840

These are circulation figures and do not include separate sales. We continue to sell a good many single copies of a number of journals, particularly of the *Monographs* and of special issues of the other journals such as the July, 1946 *Bulletin* which contained McNemar's review of sampling techniques. In fact we had quite a run on that issue just after the Presidential election returns failed to agree with the poll predictions.

Print orders for 1949 are in most cases substantially higher than the December, 1948 circulation figures. We have provided for an increase in the outside circulation, for 550 new Student Affiliates, and for the thousand or so new Associates who will be elected when the Board meets in March.

#### MARCH BOARD MEETING

Newcomb will reserve rooms for us at the Michigan Union. Will you please each tell me when you expect to arrive. We will start about 9:00 on the morning of March 18, but arrival by 10 or 11 will be satisfactory if your train comes in later. As we have done in past years, we will start by working on Associate applications. I will have a lot of other things ready for you to work on as soon as the applications are cleaned up. We should finish by the afternoon of Sunday the 20th.

DAEL WOLFLE

## Psychological Notes and News

**Floyd Carlton Dockeray** died January 15, 1949, at the age of sixty-nine. He had been professor of psychology at Ohio State University, for the last twenty years.

**Harry Stack Sullivan** died on January 15, 1949, at the age of fifty-six. He was the editor of the journal *Psychiatry*.

**Robert R. Sears**, director of the Iowa Child Welfare Research Station, will next fall become professor of education and child psychology at Harvard University. Dr. Sears will also become director of a new Laboratory of Human Development. Pauline Snedden Sears will be a member of the staff of the new Laboratory.

**John T. Wilson**, formerly assistant to the executive secretary of the American Psychological Association, has accepted an appointment as assistant professor of psychology at George Washington University.

**Alice I. Bryan** will be on sabbatical leave from the Columbia School of Library Service from January until September 1949. She has been awarded a fellowship for advanced study and research at the Graduate Library School of the University of Chicago during this period.

**Arnold Gesell**, who retired as director of the Yale Clinic of Child Development on July 1, will continue his research at Yale on the Child Vision Research Project.

A list of awards to civilians who served with the Office of Scientific Research and Development during World War II has been published by the Department of the Army. Those of interest to psychologists include:

Recipients of the President's Certificate of Merit  
George K. Bennett, the Psychological Corporation  
John W. Black, Department of Speech, Kenyon College

Charles W. Bray, Princeton University  
Leonard Carmichael, Tufts College  
Samuel W. Fernberger, University of Pennsylvania  
Clarence H. Graham, Columbia University  
Harold Gulliksen, Princeton University  
William E. Kappauf, Jr., Princeton University  
Fred S. Keller, Columbia University  
John L. Kennedy, Tufts College  
Donald B. Lindsley, Northwestern University  
Mark A. May, Yale University  
Walter R. Miles, Yale University  
John M. Stalnaker, Stanford University  
S. Smith Stevens, Harvard University  
Dael Wolfe, American Psychological Association

### Recipients of War-Navy Certificate of Appreciation

William C. Biel, Wright Field, AAF  
H. Richard Blackwell, University of Michigan  
W. J. Brogden, University of Wisconsin  
Herbert S. Conrad, U. S. Office of Education  
Norman O. Frederiksen, Princeton University  
John H. Gorsuch, U. S. Steel Corporation  
Alston S. Householder, Atomic Energy Commission  
Albert K. Kurtz, Pennsylvania State College  
William H. Lichte, University of Missouri  
Donald G. Marquis, University of Michigan  
Helen S. Morford, American Psychological Association  
Clifford T. Morgan, Johns Hopkins University  
William D. Neff, University of Chicago  
Lloyd V. Searle, Naval Research Laboratory  
Walter C. Shipley, Wheaton College  
Karl U. Smith, University of Wisconsin  
Franklin V. Taylor, Naval Research Laboratory  
Morris S. Viteles, University of Pennsylvania  
Carl H. Wedell, University of Wisconsin

**The Survey Research Center** of the University of Michigan will hold its special summer session in Survey Research Techniques from July 18 to August 13, 1949. In addition, introductory courses will be given from June 20 to July 16. All courses are offered for graduate credit and students must be admitted to the Graduate School. Inquiries should be addressed to the Survey Research Center, University of Michigan, Ann Arbor, Michigan.

**Income tax returns** for professional personnel will be discussed in an article in the Winter issue of the *Bulletin of the American Association of University Professors*. The author is J. M. Maguire of the Harvard Law School.

**The Delta Gamma Fraternity** invites applications for its scholarship awards for students who will specialize in education of the blind. Apply to Mrs. Thomas Johnson, 1235 Longfellow, Detroit 2, Mich.

**Pi Lambda Theta** invites applications for two awards of \$400 each for significant research studies on "Professional Problems of Women." Address inquiries to the chairman of the Committee on Studies and Awards, Dr. Alice H. Hayden, University of Washington, Seattle 5, Washington.

**Four vacancies** have been filled as a result of their listing in the October, November, and December Notes and News columns. To find out what happened when a notice appeared, APA wrote on December 18, 1948 to all employers who had had notices in the previous three months' issues. Nineteen of 26 replied. The number of applications received by these 19 employers ranged from 1 to 50; the median number was 6. Seventeen employers would list another vacancy in the American Psychologist; the one who received only one application would not; one other did not reply to the question. Four had already filled their vacant positions at the time of answering the questionnaire, and three stated they might fill them later.

As a result of their experience, some employers have increased the requirements; some have increased the salaries; and some have changed from a "deadline" to "continuous recruitment."

In spite of the fact that such listings are given priority in publication, there is a minimum of one month and a maximum of almost two months between the time a prospective employer writes his notice and when he will receive the first application. Deadlines should be set with this time lag in mind.

**The Character Research Project of Union College** has received the first installment of a gift totaling \$375,000.00. Additions to the staff will include a statistical analyst, a psychologist trained in child development, and an educational psychologist. Several graduate fellowships leading to the Master's

degree will be offered. Those interested in applying for or making recommendations for any of these positions should write to the director of the project, Dr. Ernest M. Ligon, Laboratory of Psychology, Union College, Schenectady 8, New York.

**Clinical psychologist**, either sex, PhD, 5 to 10 years of clinical experience, preferably with some knowledge of play therapy, to work in area of behavior problem children. Salary open.

**Counselor**, PhD, competent in the field of vocational-educational guidance, also some knowledge of the principles of test construction. Salary open. Apply for either position to Dr. Jess Spirer, Coordinator, University Guidance Center, University of Miami, Miami, Florida.

**Counselor**, as soon as possible, MA, or BA plus 2 years' experience; must be eligible for membership in APA and have a fair command of Yiddish; to counsel newly arrived immigrants and others. Salary dependent on qualifications; maximum \$4500. Submit letters of application to Mr. Albert Cohen, Executive Director, Jewish Vocational Service, 320 Lafayette Blvd., Detroit 26, Michigan.

**Vocational counselors**, as soon as possible, both sexes, with MA or PhD degree in social case work, vocational guidance, or psychology; for counseling and placement service operated by the Jewish Welfare Program of Cincinnati. Salary dependent on qualifications, from a minimum of \$2700 for inexperienced, recently trained graduates to \$5000 as a maximum. Send full credentials to Mr. George Newburger, Executive Director, Jewish Vocational Service, 18 E. Fourth St., Cincinnati 2, Ohio.

**Clinical psychologist** with 3 years' experience, or 3 years' graduate work and experience; for diagnostic testing, including testing of babies. Minimum salary of \$3516. Apply to Mrs. Lorna Sylvester, Executive Director, Tri-County Child Guidance Center, 820 North Third Street, Harrisburg, Pa.

**Clinical psychologists:** A few positions will be open this summer and in September at the Mooseheart Laboratory for Child Research. Psychologists with training in clinical psychology and in research should write Dr. Martin L. Reymert, Director, Laboratory for Child Research, Mooseheart, Ill.



**Clinical psychologists**, male, for diagnostic and short time therapy in Child Guidance Clinic operated by Court. Apply to Juvenile Court, Toledo, Ohio. State qualifications and experience fully, and give expected salary.

**Clinical psychologists**, rank Psychologist II, applications accepted as long as vacancies exist, AB and 2 years' experience in clinical psychology and psychometrics; to fill positions at Wisconsin Child Center, Sparta, Wisconsin, the Division of Corrections, the State Board of Health, and other vacancies as they occur in state agencies. Salary \$320 per month including \$35 bonus. Apply to the Bureau of Personnel, State Capitol, Madison 2, Wis.

**Clinical psychologist**, on and after the first of February, either sex; MA and 2 years of acceptable experience, with additional graduate work beyond the MA a possibility as a substitute for some of the experience; to perform clinical duties, assist in the instruction of psychological interns, and to help conduct research. Salary \$3,768, with step increases of \$216 every 18 months to a maximum of \$4,632. Apply to John N. Buck, Chief Psychologist, Lynchburg State Colony, Colony, Va.

**Clinical psychologists**; rank senior psychologist at \$280 to \$340 a month, MA and 2 years' experience required; and chief clinical psychologist at \$325 to \$400 a month, MA and 3 years' experience in a psychiatric clinic, of which one year must be supervisory; to work at their respective ranks in the Department of Health of the State of Washington. Apply to Robert G. Beaumier, Administrative Officer, Department of Health, Smith Tower, Seattle 4, Wash.

**Industrial psychologists**, as soon as possible; MA required; to analyze aptitude test results and to write reports on the characteristics of applicants for sales positions. Salary ranges from \$3600 up, depending upon qualifications. Apply to Dr. Robert G. Bernreuter, Technical Director, The Klein Institute for Aptitude Testing, Inc., 420 Lexington Avenue, New York 17, N. Y.

**Industrial psychologist**, as soon as possible, for management consulting company. Mature man with PhD or PhD candidacy; experimental or clinical background desirable. Apply to Dr. Harold F. Rothe, Stevenson, Jordan & Harrison, 205 West Wacker Drive, Chicago 6, Ill.

## HOW TO KEEP A SOUND MIND

By John J. B. Morgan

This widely used standard text for college courses in mental hygiene presents in clear, untechnical language the essential principles of sound mental health. The approach is unbiased and objective and the content of the book is based on the point of view that mental health is dependent in large part on the formation and practice of correct and sound mental habits. 404 pp. \$3.75

## EDUCATIONAL PSYCHOLOGY

By Harvey A. Peterson

This new text for courses in educational psychology is more concerned with the educational aspects of the subject than with psychological detail, and is ideally suited for students who have had no previous courses in psychology. Chapters have been contributed by Stanley S. Marzolf, Professor of Psychology, Illinois State Normal University and Nancy Bayley, Research Associate, University of California. 500 pp. \$4.00

## DIMENSIONS OF PERSONALITY

By H. J. Eysenck

This book presents the results of some of the most important work done in psychology and psychiatry in many years to discover the main dimensions of personality and to define them operationally by means of strict experimental, quantitative procedures. It discusses the work done in about forty distinct researches carried out on some ten thousand normal and neurotic subjects by a research team of psychologists and psychiatrists at Mill Hill Emergency Hospital in London. 308 pp. \$5.00

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# Convention Calendar

## AMERICAN PSYCHOLOGICAL ASSOCIATION

September 5-10, 1949; Denver, Colorado

*For information write to:*

Dr. Dael Wolfe, American Psychological Association  
1515 Massachusetts Avenue, N. W., Washington 5,  
D. C.

## MIDWESTERN PSYCHOLOGICAL ASSOCIATION

April 29-30, 1949; Drake Hotel, Chicago, Illinois

*For information write to:*

Dr. Claude E. Buxton, Department of Psychology  
Northwestern University, Evanston, Illinois

## EASTERN PSYCHOLOGICAL ASSOCIATION

April 8-9, 1949; Springfield, Massachusetts

*For information write to:*

Dr. Harold Seashore, Psychological Corporation  
522 Fifth Avenue, New York 18, New York

## WESTERN PSYCHOLOGICAL ASSOCIATION

June 24-25, 1949; Eugene, Oregon

*For information write to:*

Dr. M. Bruce Fisher, Secretary  
Fresno State College,  
Fresno 4, California

## COUNCIL OF GUIDANCE AND PERSONNEL ASSOCIATIONS

April 18-21, 1949; Stevens Hotel, Chicago

*For information write to*

Dr. Irwin A. Berg, Office of the Dean  
Northwestern University, The University College  
710 Lake Shore Drive, Chicago 11, Illinois

## ROCKY MOUNTAIN BRANCH OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

May 13-14, 1949; University of Wyoming, Laramie,  
Wyoming

*For information write to:*

Dr. Lawrence S. Rogers, Executive Secretary  
Rocky Mountain Branch, APA  
1046 Madison Street  
Denver 6, Colorado

## AMERICAN ORTHOPSYCHIATRIC ASSOCIATION

April 4-6, 1949; Stevens Hotel, Chicago, Illinois

*For information write to:*

American Orthopsychiatric Association, Inc.  
130 East 22nd Street  
New York 10, N. Y.

## PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

May 7, 1949; Penn-Harris Hotel, Harrisburg, Pa.

*For information write to:*

Dr. Esther Katz Rosen, Secretary  
239 W. Allen Lane  
Philadelphia 19, Pa.

## CANADIAN PSYCHOLOGICAL ASSOCIATION

May 26-28, 1949; Mount Royal Hotel, Montreal

*For information write to:*

Dr. Gordon H. Turner, Secretary  
Canadian Psychological Association  
100 St. George Street,  
Toronto, Canada

## INTERNATIONAL COUNCIL FOR EXCEPTIONAL CHILDREN

February 27-March 2, 1949; Fairmont Hotel, San  
Francisco, Cal.

*For information write to:*

Mr. John L. Roberts  
Chairman of Local Arrangements  
Coordinator of Child Welfare  
San Francisco Public Schools  
San Francisco, California

## THE SOUTHERN SOCIETY FOR PHILOSOPHY AND PSYCHOLOGY

April 14-16, 1949; Biloxi, Miss.

*For information write to:*

Dr. John B. Wolfe, Secretary  
University of Mississippi  
University, Miss.

## SOCIETY OF EXPERIMENTAL PSYCHOLOGISTS, INC.

April 1-2, 1949, Northwestern University, Evanston,  
Illinois.

*For information write to:*

Lyle H. Lanier, Department of Psychology  
New York University, New York 53, N. Y.

... a distinguished list of

## PSYCHOLOGICAL PUBLICATIONS

<i>Elementary Psychology</i>	<b>MUNN'S</b> PSYCHOLOGY Instructor's Manual Student's Manual <b>MUNN'S</b> A LABORATORY MANUAL IN GENERAL EXPERIMENTAL PSYCHOLOGY <b>DASHIELL'S</b> FUNDAMENTALS OF GENERAL PSYCHOLOGY Student's Manual
<i>Applied Psychology</i>	<b>SHAFFER'S</b> THE PSYCHOLOGY OF ADJUSTMENT <b>MAIER'S</b> PSYCHOLOGY IN INDUSTRY
<i>Educational Psychology</i>	<b>JUDD'S</b> EDUCATIONAL PSYCHOLOGY <b>TROW'S</b> INTRODUCTION TO EDUCATIONAL PSYCHOLOGY
<i>Statistics</i>	<b>LINDQUIST'S</b> A FIRST COURSE IN STATISTICS Study Manual <b>LINDQUIST'S</b> STATISTICAL ANALYSIS IN EDUCATIONAL RE- SEARCH
<i>Abnormal Psychology</i>	<b>CAMERON'S</b> THE PSYCHOLOGY OF BEHAVIOR DISORDERS: A BIOSOCIAL INTERPRETATION
<i>Clinical Psychology</i>	<b>ROGERS'</b> COUNSELING AND PSYCHOTHERAPY <b>SNYDER'S</b> CASEBOOK OF NON-DIRECTIVE COUNSELING <b>AXLINE'S</b> PLAY THERAPY <b>ROGERS'</b> THE CLINICAL TREATMENT OF THE PROBLEM CHILD <b>MERRILL'S</b> PROBLEMS OF CHILD DELINQUENCY <b>CARMICHAEL AND DEARBORN'S</b> READING AND VISUAL FATIGUE
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